PB-229 738

PROCEEDINGS OF THE ANNUAL CONFERENCE OF THE SURGEON GENERAL, PUBLIC HEALTH SERVICE AND CHIEF, CHILDREN'S BUREAU WITH STATE AND TERRITORIAL HEALTH OFFICERS, AND ANNUAL MEETING OF THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS, HELD AT WASHINGTON, D. C. ON NOVEMBER 10-12, 1964

Public Health Service
Washington, D. C.

1964

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PB 229 738

Proceedings

1964 ANNUAL CONFERENCE

of the Surgeon General,
Public Health Service and Chief,
Children's Bureau with State
and Territorial Health Officers

and

1964 ANNUAL MEETING

of the Association of State and
Territorial Health Officers

November 10-12 Washington, D.C.
1964

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PB-216 734
Public Health Service, Washington, D.C.
PROCEEDINGS OF THE ANNUAL CONFERENCE OF THE SURGEON GENERAL PUBLIC HEALTH SERVICE AND CHIEF, CHILDREN'S BUREAU WITH STATE AND TERRITORIAL HEALTH OFFICERS, STATE MENTAL HEALTH AUTHORITIES AND REPRESENTATIVES OF STATE HOSPITAL SURVEY AND CONSTRUCTION AGENCIES (52ND). HELD AT WASHINGTON, D. C. ON 5-7 NOVEMBER 1953.
1954, 51p PHS-Pub-338

Descriptors: (*Public health, Government policies), Meetings.

Committee recommendations are presented in the areas of environmental sanitation, federal relations, hospitals, infectious deseases, maternal and child health, mental health, and special health and medical services.

PB-216 735
Bureau of Solid Waste Management, Cincinnati, Ohio.
PARTIAL OXIDATION OF SOLID ORGANIC WASTES.
Final rept.,
William W.Shuster. 1970, 110p BSWM-SW-7rg
PHSPub-2133
Grant PHS-EC-00263
Library of Congress Catalog Card No. 74-609260.

Descriptors: (*Waste disposal, *Materials recovery), Oxidation.
Identifiers: *Solid waste disposal.

A study was made of the possibility of utilizing the organic content of solid municipal waste by reforming high molecular weight organic compounds into simpler compounds of economic interest. Major components of waste such as paper and leaves were investigated. In addition, a dried sewage sludge used as a soil conditioner and containing a large amount of organic matter was also studied. (Author Modified Abstract)

PB-216 736
Public Health Service, Cincinnati, Ohio. Stream Pollution Investigations Station.
SOME DEVELOPMENTS IN THE WATER POLLUTION RESEARCH PROGRAM OF THE PUBLIC HEALTH SERVICE,
J. K. Hoskins. 1939, 12p

Descriptors: (*Water pollution, Research).

The report describes the activities of a research center engaged in matters pertaining to water, sewage, and stream pollution.

PB-216 737
Public Health Service, Washington, D.C.
A COMPREHENSIVE WATER POLLUTION CONTROL PROGRAM FOR THE RED RIVER OF THE NORTH BASIN, DEVELOPED BY THE STATE WATER POLLUTION CONTROL AGENCIES OF MINNESOTA, NORTH DAKOTA, AND SOUTH DAKOTA.
Water pollution series.
1953, 14P PHS-Pub-293 PHS-WPS-53

Descriptors: (*Red River of the North, *Water pollution), (*North Dakota, Water pollution), (*Minnesota, Water pollution), (*South Dakota, Water pollution).

The comprehensive program for the Red River of the North is based on the program of the water pollution control agencies of the States of North Dakota, South Dakota, and Minnesota for this stream. A number of reports of State and Federal cooperative investigations of this interstate stream have been published and have considered present and anticipated future water uses, the quality of water necessary to permit these uses, sources of pollution and their effects on the receiving waters and water uses, benefits derived from abatement of pollution, the added detrimental effect of critical low flows, and finally-needed pollution abatement facilities. The report is a compilation of these findings. (Author Modified Abstract)

PB-216 738
Washington State Univ., Pullman.
THE BIOLOGY AND CHEMISTRY OF 'SPHAEROTILUS'.
Progress rept. 1 Jun 61-1 Sep 63,
J. L. Stokes. 10 Sep 63, 34p
Contract PHS-WP-00239

Descriptors: (*Sphaerotilus, *Biochemistry), (*Microbiology, Sphaerotilus), Nutrition, Aerobic bacteria, Metabolism, Growth, Carbon, Nitrogen, Manganese, Iron, Butyric acid.
Identifiers: *Iron bacteria, *Sphaerotilus discophorus.

Eleven pure cultures of Sphaerotilus discophorus were isolated from streams, rivers and lakes by appropriate enrichment culture techniques. The morphology of the colonies, filaments and individual cells was investigated in detail. The carbon, nitrogen, mineral and growth factor requirements of S. discophorus were determined. The effects of pH, temperature and oxygen on growth were established. The extent to which iron and manganese are accumulated in the sheaths of S. discophorus was determined by quantitative analyses. The oxidative patterns of S. discophorus with carbohydrates, amino acids and TCA cycle intermediates were determined and the occurrence of a high degree of oxidative assimilation was established. Large amounts of poly-beta-hydroxybutyric acid were found in the cells of both S. discophorus and S. natans. Preliminary investigations were also made on the problem of chemoautotrophy in Sphaerotilus. (Author)

PB-216 739
Robert A. Taft Sanitary Engineering Center, Cincinnati, Ohio.
STREAM RADIOACTIVITY SURVEYS - BIOLOGICAL ASPECTS,
Croswell Henderson. 1956, 20p

Descriptors: (*Water pollution, Radioactive contaminants), (*Columbia River, *Radioactive contaminants), Biological surveys, Accumulation, Residues.

The report discusses the different kinds of samples to be collected and used for radioactivity determinations in a stream radioactivity survey. Among these are water, mud, plankton, filamentous algae, bottom animals, and fish. Studies have shown that certain radioisotopes may be concentrated to a high degree in some aquatic organisms. Information is desired as to the effect of radioactivity on aquatic animals such as fish or shellfish or on the use of these animals for human food. (Author Modified Abstract)

PB-216 740
Federal Water Pollution Control Administration, Washington, D.C.
WATER QUALITY CRITERIA. REPORT OF THE NATIONAL TECHNICAL ADVISORY COMMITTEE TO THE SECRETARY OF THE INTERIOR.
1 Apr 68, 244p
Paper copy available from GPO $3.00 as stock no 167..2:W29/3.

Descriptors: (*Water pollution, Standards), (*Water quality, Criteria), Recreation, Water supply, Fresh water biology, Toxicology, Agriculture, Industrial wastes, Food processing.
Identifiers: *Water pollution standards.

The report is a comprehensive water quality criteria to be used in standards in compliance with the Pollution Control Act as amended Quality Act of 1965. The criteria include those concerned with aesthetics, public water supply aquatic life, wildlife, agricultural try.

PB-216 741
North Carolina Univ., Chapel Hill. Environmental Sciences and Engineering.
MICROBIOLOGY OF ANAEROBIC
Terminal rept. 1 Jun 66-31 May 69
Robert A. Mah. 31 May 69, 40p
Contract WP-00092-03

Descriptors: (*Anaerobic process gy), (*Sewage treatment, Anaer Fermentation.
Identifiers: Methane bacteria

Studies on the microbiology of disclosed that nonmethanogenic bacteria comprised one of the groups of organisms present constitute only a minor fraction terial flora but can become pre short time if fermentable c present. This finding emphasizes using unenriched fermentation sludge digestion process. Lipid strates responsible for generati unaltered normal sludge ferme responsible for lipid decompos slow-growing and are washed o short retention times. Recycl would enable the operator t time without a loss in efficienc (Author)

PB-216 742
National Center for Urban a Cincinnati, Ohio.
PROCEDURE FOR THE E EXAMINATION OF FOOD FOOD EQUIPMENT SURFA
Technical information bulleti

1960, 8P PHS-Pub-1631

Descriptors: (*Food proce (*Food, Equipment), Standa Public health.

The Public Health Service r of not more than 100 colon face area of equipment swab dard does not take into con microorganisms present or nificance, it does offer a g and equipment sanitation particular establishment sistently in excess of the of its washing, sanitizing, practices is usually indic which five areas of appro have been swabbed, resul exceeding 500 are satisfac

PB-216 743
Environmental Health Ce
INDUSTRIAL WASTE
APRIL 28 TO MAY 5, 19
1953, 19p
Prepared in cooperatio Midland Co., Wyan Products Div.

Descriptors: (*Detroit (*Michigan, Water pollu
Identifiers: *Wyandotte

The survey was con characteristics of the

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Proceedings of the
Annual Conference of the Surgeon General, Public Health Service,
and Chief, Children's Bureau with the State and Territorial Health Officers
and
Annual Meeting of the Association of State and Territorial Health Officers
November 10-12, 1964, Washington, D. C.

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Published by the Association of State & Territorial Health Officers,
January, 1965

Albert E. Heustis, M.D., M.P.H., Secretary-Treasurer
3500 North Logan Street
Lansing, Michigan 48914

A Wholesome Flavor of Discontent

A key feature of community health services in the Soviet Union is highly structured centralized government planning and control. If there is an official decree against air pollution, for example, then the problem is often presumed not to exist. This observation, made by U.S. Surgeon General Luther Terry in an informal report on the Urban Health Planning delegation tour he led to Russia this past summer, stands in sharp contrast to the attitudes of United States state health officers, whose views are recorded in these Proceedings. Far from equating the mere presence of public health laws with the implementation of them, the November, 1964 conference of the state health officers in Washington, D.C. was marked by a flavor of discontent over existing health laws and programs and the determination to make improvements.

There was discontent with the growing tendency of the federal government to provide health grants to the states on a categorical basis, limiting each fund to a specific disease or designated purpose, rather than providing general support funds on a basis which will let those closest to the problems of each state decide where funds should be directed to assure optimum yield. The trend toward tighter compartmentalization of federal health funds was cited as a restraint on state and local public health leadership which works against the basic public health concept of dealing with whole people, and whole families, and whole communities —not with a faltering heart, a diseased lung, or a crippled hand.

Dr. Andrew Offutt
President
ASTHO
1963-64

"the best results . . . as efficiently as possible"

"What is needed," stated New York state health officer, Dr. Hollis Ingraham, "is a firm attitude which calls for federal legal responsibility to be matched by fiscal responsibility in terms of providing sustaining support for state and local public health programs, not frivolous support in narrow categories which is undependable from year to year."

As well as urging a more viable federal-state-local partnership for health, threaded through the health officers conference was a traditional discontent with any proposal for rough-shod use of the law to try to achieve a more healthful nation. In an informal meeting with Secretary of Health, Education, and Welfare, Anthony Celebrezze, the Executive Committee of the state health officers' association emphasized the progress made in water pollution control "not by the big club approach, but by persuasion and cooperation."

"This will get the best results, including enforcement of the laws, as efficiently as possible," said association President, Dr. Andrew Offutt of Indiana.

Similarly, in a discussion of the implications of the anti-poverty program for public health, Georgia's Dr. John Venable summed up the intention of the state health agencies to assist communities in putting proper health services in their planning "without being pushy about it."

As indicated in the many recommendations contained in this report, there also was discontent among the health officers over the level and breadth of public health services both old and new. There was the appeal by Pennsylvania's Dr. Charles Wilbar for a continuous, strong effort to correct inadequacies in metropolitan planning; the report prepared by a committee headed by Dr. Frank Yoder of Illinois and adopted by the association, which offered the skill and experience of the state health agencies in the event federal legislation is enacted providing some form of health services for the aged; the move successfully backed by several health officers to add measles vaccine to the federal immunization act; an appeal for the computerization of medical health data; and a commitment to intensify the war on cigarette smoking.

Amidst debate over state responsibilities in the anti-poverty program, Dr. Roscoe Kandle of New Jersey wryly commented that some planners apparently feel state health officers "are just a bunch of old fuddy-duddies interested in vaccination and such things as that." The state health authorities greeted this with a rumbled chuckle. Well they might. For their work in the November conference, as reported in the following pages, speaks not of self-satisfied tradition, but rather of active discontent with those forces and practices which in any way endanger the health of American people and communities. Such discontent, in a free society, is altogether a wholesome thing.

Ted Ervin
Editor
Proceedings

Note on Format: There are two general classes of recommendations in this report. 1) State and territorial health officials annually meet in formal advisory conference with the Surgeon General of the Public Health Service and the Chief of the Children's Bureau to make recommendations to these federal agency heads. 2) State and territorial health officials also meet as an Association of State and Territorial Health Officers to make recommendations for Association action and to the states and territories on public health programs. For purposes of continuity, recommendations as presented here are divided by substantive area rather than by type of recommendation. In each instance, however, recommendations made to the Surgeon General or Chief of the Children's Bureau are identified with the footnote "Conference Recommendation."

Some Current Issues In Health

by
Luther Terry, M.D.
Surgeon General,
Public Health Service

It is a pleasure to welcome you to what I am sure will be a profitable and significant meeting. New health officers since the last conference are: Thomas McGowan, M.D., Alaska; William J. Moore, M.D., Arizona; Arthur P. Long, M.D., Iowa; T. N. Armistead, M.D., Louisiana; Warren T. Weathington, M.D., Nevada; Edwin O. Wicks, M.D., New Mexico; Robert Alberts, M.D., Wyoming; An additional welcome participant is James W. Sampson, M.D., now Chief Medical Officer for the Pacific Trust Territories. Representatives from several other organizations also have been invited to participate.

Conference Evolution

I commend the Executive Committee and Standing Committee chairmen of the Association of State and Territorial Health Officers who are shaping the Annual Conference into the culmination of a series of Association conferences held throughout the year. Each Standing Committee has met at least once prior to this meeting to discuss categorical, program, or functional agenda topics selected by your Executive Committee as "specific program items." Affiliated organizations have participated in these meetings along wih federal representatives. This advance committee work enables the annual conference to focus on the major national problems, trends, or issues which affect us all as public health generalists responsible for a broad range of services. This is a healthy development.

The agenda this year as last was selected by your Executive Committee following a canvass of state health officers. We are impressed by the variety of discussion documents, prepared for the three broad major problems and for the more specific program agenda items. For the first time in many years, state health departments, your committees, and affiliated associations have been responsible for developing discussion papers and outlines. This, too, we think is healthy, and should stimulate worthwhile discussion.

Major Issues

Three major topics selected for our deliberations underscore the complexities of modern public health. These three—the anti-poverty program's implications, metropolitan development, and federal health grants—doubtless will be on our agenda for some time to come. It is time that we explore these areas on a broader plane and probe in depth such issues and opportunities which are fundamental to public health.

1. Implication of the Anti-Poverty Program to Public Health

The Economic Opportunity Act of 1964 is significant from at least two aspects. First, it declares that the Nation is beginning to believe that poverty, and the attendant despair and separation of a block of people, can be abolished. Second, the act's components may augur a trend to developing comprehensive personal services, focused on the individual and family in which (1) local initiative, responsibility, and administration is optimized, particularly in the community action programs, and (2) many community functions are melded together, as health, education, welfare, and public works. Public health, in this program's concept, can be a vital force, but it is only one force whose effectiveness comes from its relevance to other functions. Too often we in public health have not taken the leadership in supporting functions and goals of others than ourselves. Someone recently said that the day of the single-agency program is passing. The Economic Opportunity Act seems to recognize this.

The strategy of the anti-poverty program is to break the cycle of poverty and enable segments of our population to lift themselves out of, or to avoid economic dependency, by redirecting intensive, concerted personal services of many kinds, particularly for young people. To do so requires coordinated institutional change over a period of time. This is a tremendous administrative challenge full of opportunity for those of us who practice public health. We in local, state, and national health agencies are asked to develop individual-centered health services as an integral part of a community-wide personal services system to attain particular objectives. This requires us to know more about whom we serve, to break down barriers which separate people from our services, or our services from people and other agencies; and

to develop closer collaboration among related agencies and echelons of government in planning, executing, and evaluating our efforts.

2. Contributions of Pubic Health to Metropolitan Development

The growth and movement of the population from rural areas to central cities, and then to our exploding suburbs, threaten to outdistance completely the development of community services. Health crises of many kinds are inevitable if we fail to develop effective community action. Such action must anticipate and design our urban future if that future is to be a healthful one in any or all of its basic dimensions. Only if we in public health take the initiative in a creative collaboration of all levels of government to develop effective community action in pulling together health concerns and efforts with those of welfare, education, housing, employment, transportation, economic development, and social and physical planning will this nation be equal to the health challenges of community development required by urbanization.

3. Federal Grants-in-Aid for Health Programs

It is timely and essential that we explore this in depth because:

Legislative authorizations for several federal health grant programs expire in 1965 or 1966;

We have had a reduction this year in the General Health grant;

There is discussion of the possibility of a general federal "block grant" to states;

Many aspects of grants have implications for newer federal programs, such as the anti-poverty activities and for problems in urban health;

A task force has worked diligently on a proposed revision of the format for the state program plan.

At this point in time, I would make it clear that my mind is still open on these questions but the hour of decision is approaching. We seek the views and recommendations of the states, and will accommodate such views to the extent possible. We believe in a federal-state partnership, both professional and financial, but the basic question is how this partnership can be made more effective in raising levels of health. There are several alternatives that should be explored in depth. Progress will be difficult if there is a wide divergence in approaches we take. We must decide whether to continue a categorical approach to grants that concentrate both federal and state resources on selected important segments of public health, or to seek a new relationship which encompasses public health as an entity, or some combination of both. We must decide whether the role of the national government is only to stimulate action by the states and communities, or whether the national government should share in the cost of maintaining necessary public health services. We must decide what mechanisms are needed to demonstrate new methods to bring about continuing improvement in public health programs. We must decide what mechanisms are needed to meet intensive short-range problems, urban problems, and those which affect only certain parts of the country or require interstate cooperation. We must decide what mechanisms are needed to carry on a vigorous research and investigative effort. We must decide what mechanisms are needed to secure and train necessary manpower resources. We must realistically face up to the need for improved accountability for the money we spend, not in terms of meaningless object classification, or the separation of your share and our share, but in terms of a division of the total cost of meaningful programs or elements of programs. We must realistically face up to the need for more and better program and fiscal information on both effort and accomplishments for sound program planning and to support requests for appropriations. We must face and assess some of the political realities of the appropriation process.

New State Plan

Last year the Association of State and Territorial Health Officers made recommendations on formula grants to states. With a very few exceptions, these have been accepted, and we are in the process of implementing them. One of these was a recommendttion that a new state plan format be developed. Such a proposal was drafted, and a series of meetings was held to secure comments from the states. A revision has been prepared for your further consideration. A vigorous attempt has been made to incorporate changes designed to meet criticisms of the original draft. We will welcome any further comments and suggestions on this new draft, and they will be considered before any final decision is made.

Water Pollution

The water bill (S. 649) which would have set up a separate administration outside of the Public Health Service for water pollution control was not enacted in the last session of Congress. However, this should be viewed as a reprieve and not a pardon. We can confidently predict that this or similar legislation will be introduced in the forthcoming 89th Congress. Meanwhile, consideration

is being given to the development of an administration bill in the water pollution control field. No decision has yet been made, however.

Those supporting a separate water pollution agency seek status, visibility, and prestige for this function. We believe that operating the various environmental health programs in a close relationship, as they now are, represents a good administrative structure. Many pressures are being brought to bear, and we are anxious to do what we can to meet the demands without destroying an effective organization pattern. The Public Health Service has had a task force working on this matter, but it has not yet made its recommendations.

In spite of the criticism that has been leveled at the program from some quarters, the fact is, that it has assisted in building 5,752 local waste treatment works, costing $2.3 billion. These projects serve a population of 48 million and will improve the quality of water in 52,000 miles of streams. Furthermore, enforcement cases initiated so far will result in almost $1 billion worth of construction of treatment facilities.

State Urban Water Supply and Sewerage Systems Act

You may recall the furor which developed following the release of recommended state legislation entitled "Urban Water Supply and Sewerage Systems Control Act" in 1963. The act was released jointly by the Advisory Commission on Intergovernmental Relations, the Conference of State Sanitary Engineers, and the Public Health Service. The Association of State and Territorial Health Officers recommended consideration of the act to its members. Shortly after, numerous inquiries were received from Congress, well drillers, manufacturers of water well equipment, and other interested groups criticizing certain aspects of the suggested legislation. As a result, the Public Health Service met with the industry in April 1964. It was agreed that the Public Health Service would invite the help of industry in clarifying and improving the language of the act and also draft proposed regulations to implement the legislation.

This was accomplished through the mechanism of an advisory committee which includes representatives from industry, state and local governments, and other national organizations concerned with land use and water and sewerage problems. Most of the problems in the first draft of the bill have been resolved, and industry has given general endorsement to the revised act which will be released to interested individuals and groups in the near future.

In addition, at the suggestion of the industry, agreement has been reached to proceed with the development of two additional legislative proposals, namely, recommended state legislation covering individual water supplies and sewage disposal systems.

Pesticides

Some major advances have been made concerning the use of and presence of pesticides in the environment. First, an agreement has been signed by the Department of Agriculture, Department of Interior, and Department of Health, Education, and Welfare delineating our respective roles. To implement the role of the Public Health Service, the Chief of the Bureau of State Services has been assigned the responsibility for pesticide program coordination and leadership. This program includes advising the Department of Agriculture on the human health aspects of pesticide registration. Agriculture is planning to forward to the Service copies of all registration applications for review and comment.

Health Manpower

The Public Health Service has just completed new projections of the supply of health manpower in the 1960's. Even with the construction of new schools, the increase in students expected as a result of legislation, and the rising level of private support, it is estimated that unless we continue to import physicians trained abroad, we will not be training enough physicians to keep up with population growth in this country by 1975. Similarly, although the national supply of dentists is rising, it is not expected to catch up with the need by 1975.

The situation is equally serious in professional nursing. Our Consultant Group on Nursing reported that this nation would need 850,000 professional nurses, including 300,000 with academic degrees, by 1970. The group agreed, however, that we could not reasonably reach this figure by 1970. It, therefore, set a goal of 800,000 nurses, or an increase of 130,000 over the number of nurses in 1962.

Nursing

A most important recent development affecting improvement of health manpower is the Nurse Training Act of 1964, which is administered by the Public Health Service. This act has five major provisions. Four establish new programs, and one permits the continuation and expansion

of the Professional Nurse Traineeship Program. Since 1956, the Professional Nurse Traineeship Program has helped 24,000 nurses to improve their teaching, supervisory, or administrative abilities; now it will also prepare nurses as clinical nursing specialists. Under the Nurse Training Act, a new five-year program of project grants to help nursing schools strengthen or expand their teaching programs will be available. Grants for projects related to curriculum expansion, experiments with new teaching methods, and faculty development will increase the number of nurses equipped to give quality care and improve the utilization of nurse educators. Construction grants are available to help nursing schools build, replace, modernize, or expand space required for training purposes. The Nurse Training Act (PL 88-581) authorizes payments to help hospital schools of nursing bear the costs of increased enrollment resulting from this legislation. It also authorizes a five-year program of loans to nursing students. We believe these programs will permit major gains in meeting our nursing manpower problem. There is growing consideration of the need for some type of similar support for medical and related health professional schools.

Training in Public Health

Another significant development in health manpower was passage of the Graduate Public Health Training Amendments of 1964 (PL 88-497) to the Public Health Service Act related to continuation and expansion of traineeships for professional public health personnel (Section 306) and project grants for graduate training in public health (Section 309).

The amendments will raise the financial ceilings in these programs as follows:

Section of PHS Act	Fiscal Year Ceilings					5 yr.
	1965	1966	1967	1968	1969	Total
		(in millions)				
306	$4.5	7	8	10	10	39.5
309	$2.5	4	5	7	9	27.5
					Total	67.0

Sections 306 and 309 are extended to June 30, 1969. Potential eligibility under project grants (Section 309) is expanded to include schools of public health and other public or non-profit private institutions providing graduate or specialized training in public health. The new amendments plus the existing professional student loan programs (covering medical, dental, osteopathy, optometry students, and nurses), and the formula grants program (for Schools of Public Health) are important mechanisms to help solve the health manpower problems of the nation.

Health Care for the Elderly

If Social Security is used as a basis for helping to provide for the health or hospital care of the elderly, we are not sure at this time of the role of the Public Health Service and the state and local health departments in the program. We strongly believe we should have a role in relation to standards and criteria of care—quality control, which health agencies are in the best position to provide. If such legislation is enacted, health departments ought to make it their business to see that they are involved in the program, that the health professions and the official public health agencies fill responsible roles.

Affiliated Organizations

Following is a listing of affiliate organizations of the Association of State and Territorial Health Officers:

State Directors of Chronic Disease Programs

Association of State and Territorial Dental Directors

Conference of State and Territorial Directors of Public Health Education

Conference of State and Territorial Epidemiologists

Association of State and Territorial Public Health Laboratory Directors

Association of State and Territorial Directors of Local Health Services

Association of State and Territorial Maternal and Child Health and Crippled Children Directors

State and Territorial Association of Directors of Nursing

Association of State and Territorial Public Health Nutrition Directors

Conference of State Sanitary Engineers

Association of State Public Health Veterinarians

American Association for Vital Records and Public Health Statistics

Association of State and Territorial Directors and Coordinators of Research

Kentucky's Approach:

Health Aspects of "A Pocket of Poverty" in The Appalachian Mountains

Russell E. Teague, M.D.
Commissioner of Health
Kentucky Department of Health

An 18-county area (population 442,000) of Kentucky which is located in the Appalachian Mountains, has been clearly identified as a distressed area. Poverty alone is problem enough, but with this paucity goes functional illiteracy; serious problems of sanitation and water supplies; severe limitations of physicians, dentists, nurses, and hospitals; highly inadequate facilities for rehabilitation; lack of industrial opportunity; extensive unemployment; and no agricultural development.

A careful evaluation of health needs by the Department of Health staff members dramatizes the urgency for improved health programs as a basic and integral part of developing human resources. For example, 23.4% of the families in this 18-county area earned less than $1,000 per year as compared with 5.6% for the United States. The significant factor in the reduction of the economy has been due largely to automation in coal mining procedures accounting for an additional 43,000 unemployed persons in the area in the past four years. Presently the rate of unemployment in this area is three times the national average. More than 40% of the population is eligible for general assistance; 10% are receiving public assistance; and 13% receive social security benefits. The ratio of physicians per population is one to 1637; dentists, one to 6502; and hospitals meet only half the hospital bed requirements. There are no nursing homes at all. There are only 397 nurses (RN's) in this region, of whom 51 are public health nurses. Sanitation problems are characterized by the fact that of the 33 larger communities, only four have adequate sewage treatment plants. The infant death rate is 31.9% compared with a rate of 26.0% for the United States. Out-of-hospital births for 1961 were 17.7% as compared with 5.9% for Kentucky. In respect to education, 37.5% of the population failed to progress beyond the sixth grade, compared with 15.8% in this category for the country as a whole.

Numerous measures have been taken to alleviate the effects of poverty in the Appalachian region. Some of the more significant activities are as follows:

(1) Medical care for the indigent: State legislation was recently passed which required that the state health department assume leadership in developing a comprehensive medical care program for the indigent of Kentucky. This program has grown rapidly, and the most recent annual figures indicate that medical care payments to public assistance recipients and those eligible for medical aid to the aged in these 18 counties has increased from just a few dollars per year to $2,790,764 (fiscal year 1963-64). The average monthly number of recipients taking advantage of this program has increased from a mere handful of people to 11,850. A new program entitled "Aid to Families with Dependent Children—Unemployed Parent" involving nine counties in the Appalachian sector, provides $1,093,073 for medical care payments to 3940 recipients. An additional $700,000 per year of state funds is expended in the Appalachian Region Hospital System for purchase of care of medically indigent persons from this area.

(2) Demonstration of raising health levels in a deprived region: The department recently received a $400,000 grant to organize medical teams to conduct screening examinations throughout the 18-county region. Emphasis was given to reaching all of the 11,000 children who will be six years old between January 1, 1964 and December 31, 1964. This project entailed not only the aspects of discovering health needs but also involved an extensive referral program.

(3) Maternal and pediatric care services: In addition to increased development of already es-

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(California's Approach, Cont.)

tween poverty and disease, particularly how disease both results from and reinforces the poverty cycle. The paper will also deal with the extent of present health services for those in poverty and their inadequacies. Finally, we intend to recommend specific new forms of health service which, coupled with other measures now being developed, will help break the cycle of poverty.

During the past few years local health departments in California have undertaken a number of projects in vaccination, screening, home-care, and other fields with the poor as a major focus. Out of experience with these projects, types of activities are emerging which we expect will be useful in the attack on poverty.

The California Department of Public Health intends to join wholeheartedly in the attack on poverty not only utilizing traditional public health approaches but also developing new means for improving the health conditions of those who live in poverty.

tablished maternal and child health programs previously carried out through local health departments, several projects have been developed to provide direct maternal and pediatric care services to this pocket of poverty. Two projects were established in Harlan, Bell, and Leslie counties which made available comprehensive pediatric and maternal care. During the fiscal year 1963-64, 41 prenatal clinics were held and 676 prenatal examinations were performed. Under these projects, 142 patients were hospitalized. The Eastern Kentucky pediatric clinics which are conducted every month in four different locations provided examinations for 393 children during the fiscal year 1963-64. Of these children, 81 were referred to the University of Kentucky Medical Center for further diagnosis and treatment. The total expenditure for these projects amounted to more than $75,000 in 1963-64. Birth control clinics are operated throughout the area. Referrals are made by health department personnel. Voluntary sterilization is paid for with private grant funds.

(4) Dental health project: The state just received approval of a grant of $18,435 to conduct a program in dental health entitled "Incremental Dental Program for Children."

(5) Project proposal for the Appalachian distressed area: Although there is a full-time local health department and a full-time health officer in all 18 counties, they are understaffed and underfinanced. The present budget for the 18 county health departments is $184,000 local funds plus $600,000 state funds. After involving all the directors of the various programs in the state health department, the local health departments' personnel, and numerous other agencies, the state health department has prepared a project proposal for the Appalachian distressed area. The goals set forth in this proposal are (a) establishing a regional public health office with qualified professional personnel and technicians to cope with public health needs in the 18-county area, (b) creating an environmental resources project for eliminating the numerous and significant sanitation problems, (c) developing a health manpower and resources program including comprehensive recruiting, training, and scholarship activities, and (d) extending the medical care program and medical facility resources.

The creation of the regional health activity is estimated to provide more than $4,815,000 for this region and the improvement of environmental health will involve construction of water treatment plants, sewerage facilities, and sanitary land fills to the extent of $19,000,000. It has also been requested that $26,584,000 be expended for the construction of health and medical facilities, and that the medical care program be increased by $12,900,000.

(6) Economic opportunity program: The department has been working extensively with several professional advisory teams of state government in developing the activities related to the Economic Opportunity Act. One of these involves a significant problem of mental illness and the other will provide technical aides for all communities and families in making an exerted effort to discover and alleviate all health problems.

The Kentucky State Health Department has only begun to cope with the health aspects of the poverty problem. The answer seems to lie in defining the health problems of the "pocket", and providing medical care, better preventive measures, and education along with economic redevelopment.

Contributions of Public Health to Metropolitan Development

(Background Papers Follow Report)

1. There are apparently few areas in the nation where comprehensive areawide metropolitan planning is anywhere nearly adequate and even fewer areas where such planning is properly considered and incorporated in an approach to the major health problems of the area. It is imperative that we all try to correct these inadequacies.
2. It is the health officer's responsibility to emphasize the importance of consideration of planning for human resources in contrast to the economic and physical resources which are the usual focus for metropolitan planning.
3. It is necessary to encourage thorough and proper planning for all metropolitan areas of the nation for whole areawide urban complexes, not just for individual municipalities. This requires direct encouragement by state legislatures and chief executives with perhaps some special unit of the state government to focus attention on the subject and to work comprehensively and continuously on the matter.

4. Reapportionment of legislative representatives will accentuate interest in metropolitan problems and planning. Health departments, both state and local, should be prepared to capitalize upon this potential.
5. Since health departments already have a number of parts of the overall health planning needs in operation, such as water and sewage control, hospital and medical facilities, and air pollution, health departments can and should extend their health planning into all areas of health needs. By simply coordinating the planning of these multiple operations and relating them to metropolitan complexes, significant resources are already available.
6. Public health officials and departments should develop expertise in the field of planning through:
   A. Orientation of the health director and his staff in this field.
   B. The employment of specialists in health planning.
   C. The establishment of planning units within the administrative framework.
   D. In-service and academic training of department personnel in planning methodology.
   E. Participation in state and community planning bodies.
7. Federal funds are needed to stimulate and assist states in training of personnel for planning and the establishment of planning units for health services and studies.
8. Just as this type of planning must cross political and geographic boundaries, whether they be municipal, county, or state, and whether they be private, voluntary, or governmental, the planning must also objectively use the skills of qualified public health planners wherever they may be found without undue consideration regarding the type of health department where the qualified planner may be employed (federal, state, or local).
9. Considering that this country is a federation of states, it is necessary in order to avoid misunderstanding, prevent waste, and prevent confusion to not only have comprehensive statewide planning in this area of endeavor but also as much as possible to have communication on such planning and action between federal and local health agencies channeled through state health departments.
10. Continued thorough attention to the subject of metropolitan health problems is needed by state health officers individually and as a group, and it would be well to keep this subject as an active one on the agenda of Association meetings in the future years.

Environmental Health Problems:

The Contributions of Public Health To Metropolitan Development

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Recent decades have seen one after another of the nation's urban complexes sprawl its way from metropolis to megalopolis. Unfortunately, this rapid growth has not often been matched by careful attention to the planning so essential to urban development. A recent national magazine article provocatively titled, "A City Destroying Itself" (Fortune, Vol. LXX, No. 3, September, 1964) describes vividly this dilemma in one of the nation's great metropolitan centers.

Some metropolitan problems, such as traffic control, parking, airport development, and commuter transportation, are not directly within the realm of public health. Most metropolitan problems, however, are of some concern to health agencies, and public health can make a major contribution to their solution.

Public health is, of course, vitally involved in urban problems of comprehensive health care and the provision of facilities and services for the prevention, treatment, and rehabilitation of disease and disability. This paper, however, will deal only with environmental health problems from the standpoints of what public health can do and how it should go about the job.

What Public Health Can Do

Public health contributions to desirable metropolitan development take three essential forms—direction, leadership, and financial support.

1. Direction — Public health direction involves setting the enforceable outlines of metropolitan activities affecting health. Direction is basically a state responsibility supplemented by local requirements to meet local conditions. Direction over today's leading metropolitan environmental health problems should include: standards of personnel qualifications, air purity, water supply, sewerage systems, solid waste disposal, radiation protection, and residential environment; also stand-

ards for air purifying equipment, water wells, and septic tanks; approval of water supply and sewage system plans and refuse sites; and restrictions to limit the use of wells and septic tanks to situations where public systems are clearly unfeasible.

2. *Leadership* – Public health leadership comprises the whole range of actions to guide, rather than compel, the metropolis along desirable paths of development. Foremost, metropolitan areas need leadership in developing coordinating devices among agencies involved in developmental activities. For example, health agencies should have a means to comment on community comprehensive planning applications being reviewed by the state's planning agency. Conversely, planning and public works agencies should have a way to comment on water and sewerage system proposals under health agency review.

The state public health agency should demonstrate leadership in promoting joint water supply and sewerage planning, particularly where water sources and drainage basins disregard political boundaries and point naturally to advantageous joint usage.

State, and in some cases federal, public health staffs should provide consultant services to communities on technical matters, cost estimating, cost comparisons, and preparation of grant applications.

Leadership also means state and federal support of professional education and the conduct of training that will prepare personnel qualified to deal with metropolitan problems.

Research, particularly on the state level, is an essential component of leadership. For example, research into improved, more economical water supply, sewage treatment, and solid waste disposal techniques can directly alleviate metropolitan growth pains.

Program evaluation may reveal that surveillance over milk and food service, for example, may be reduced with no lessening of public protection, thus freeing funds for attacking possibly more acute conditions such as air and water pollution.

3. *Financial Assistance* – Financial assistance for promoting desirable metropolitan development is implicit in most of the actions recommended above. Providing such aid is particularly a federal and state responsibility and should be administered through the states. Financial incentives can encourage formation of inter-agency bodies to coordinate metropolitan development, motivate joint plans among communities regarding water and sewage problems, promote educational preparation in environmental health, and support research.

The state should augment federal environmental health aid programs, such as the sewerage system and treatment facility construction grant program. The state can also financially assist its hard-pressed urban areas by extending local borrowing authority to allow adequate financing of water and sewerage system construction.

How to Proceed

1. *Inventory Problems* – All too often metropolitan development does not proceed efficiently because of a failure to identify the nature and extent of the major problems that impede progress. For those problems which are primarily environmental health in nature or which have environmental health components, the health agency, either state or regional, is best able to perform needed studies or to take leadership in getting these studies done. Among the problems to be inventoried are those of water supply, sewage disposal, solid waste disposal, milk sanitation, food and restaurant sanitation, air pollution, water pollution, radiation protection, and housing. Public health can also contribute to an examination of programs related to environmental health such as parks and other recreational areas.

2. *Inventory Agencies* – Today every metropolitan area is replete with organizations and agencies, both official and non-official, of unending variety. Some of the voluntary organizations have limited objectives. Others can and are willing to undertake major efforts in the job of metropolitan development. Official agencies which often have legal responsibilities in the area of environmental health, even though their major interests lie elsewhere, also need to be identified and their health or health-related interests delineated. Only after such a comprehensive inventory can all of the resources of the community's voluntary and official agencies be brought to bear on problems of metropolitan development. Public health with its skills in the area of community organization can take the lead in inventorying and identifying the interests of the agencies and organizations in the metropolitan area.

3. *Develop an Inter-agency Council*–Out of the maze of organizations identified above, an Interagency Health Council for Metropolitan Development should be formed to reflect the major health or health-related interests in the urban and suburban area making up the metropolitan complex. Public health, with its well-developed skills in working with groups, can take the lead in developing such a council to provide a mechanism for effective communication and coordination among agencies and organizations with health or health-

Regional Organization of Health Officers of Metropolitan Areas in California

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A growing concern about the extent of regional health problems in the metropolitan areas, which are served by multiple local health jurisdictions, led in 1962 and 1963 to the formation of regional groups by the health officers concerned. The first group was formed of health officers in those counties touching the San Francisco Bay in the fall of 1962. Included are the health officers of Alameda, Contra Costa, Marin, San Mateo, San Francisco, Napa, Santa Clara, and Solano counties and Berkeley and San Jose cities. The Southern California group organized in mid-1963 was originally composed of the health officers of Los Angeles, San Bernardino, Riverside, Orange, and Ventura counties, and the cities of Los Angeles,* Pasadena,* and Long Beach.

Both organizations are informal discussion groups which meet on a fairly regular basis to discuss problems and programs of mutual concern.

A multitude of topics have been discussed at these meetings; and the following tabulation gives a brief idea of their scope:

Los Angeles Metropolitan	
Chronic diseases program	Tuberculosis control
Mental retardation	Water and air pollution

Bay Area	
Immunization program	Air Pollution
Unwed mothers	Association of Bay Area Governments
Recreational development of terminal reservoirs	Meningococcal meningitis
Family planning	

The Bay Area group has been the more active and more independent organization. The organization grew out of small informal luncheon meetings which were held for many years by the health officers of Alameda, Contra Costa, and San Francisco counties. The large Bay Area group was first called together by the state health department and their decision at the first meeting was to meet independently of the Conference of Local Health Officers and to provide their own staff services. They actively involve other agencies by inviting them to their meetings for discussion of specific topics, i.e., water pollution, air pollution, etc. The Region II medical coordinator of the state health department is always present by invitation and occasionally other state personnel are invited to present certain programs or participate in certain discussions. The group has developed several joint statements of policy.

The formation of the southern group was stimulated by the State Department of Public Health after assessment of the need and usefulness of the Bay Area group. It has been more dependent upon state staff services as a result, and the Region III medical coordinator provides assistance in developing agendas, scheduling meetings, and taking and distributing minutes.

(Ingraham, Cont.)

related interests. The work of the council can be facilitated by the establishment of ad hoc committees or working groups.

4. *Set Standards* – Basic to orderly and effective metropolitan development are appropriate governmental standards to guide future planning. These standards may be in the form of ambient air quality standards, stream standards or codes for food service, milk production, and housing. Health agencies through their professional and technical skills can be expected to make a major contribution to the development of such standards.

5. *Enact Legislation* – Critical to sound metropolitan development is the establishment of uniform codes and standards by various governmental units making up the metropolitan complex. Conflicting laws, rules, and regulations among governmental jurisdictions not only produce confusion, but increase costs unnecessarily and decrease efficiency. Health agencies can help by taking the lead in eliminating differences in health-related codes in order to minimize overlap and duplication among governmental units.

6. *Implementation and Funding* – In implementing planning and in funding programs of sound metropolitan development, public health can lead the way to efficient operations by eliminating costly jurisdictional overlap, duplication, and conflict, thus setting an example for other agencies.

In summary, public health and its practitioners can exercise aggressive leadership in sound metropolitan development. This leadership can be applied at practically every step in the process from identifying problems to implementing solutions. The technical and professional competence of health agency staffs, their administrative know-how and their long experience in inter-disciplinary and inter-agency situations eminently fit them for leadership in metropolitan development.

*Now in Los Angeles County Department.

Recommendations on Special Health Program Items

State and Territorial Health Officers November, 1964

Disease and Disability Control

1. Communicable Disease Center Laboratory Improvement Program

Working with the Conference of State Laboratory Directors and the clinical pathologists, the Communicable Disease Center laboratory has been studying means by which laboratory procedures can be evaluated and performance standards set as to reliability and specificity. In some instances serious deficiencies have been found in the operation of blood bank services and of clinical laboratories carrying out tests to aid physicians in the diagnosis, treatment or prevention of disease. Some states have found it desirable to enact licensing or regulatory legislation.

The State and Territorial Health Officers endorse Communicable Disease Center activities in evaluation of laboratory procedures and in the provision of consultation services to the states for a laboratory improvement program.*

2. Viral Antigens and Antisera

Virus diagnostic studies are one of many necessary public health laboratory services, yet an obstacle in providing them often is lack of availability commercially of specific strains of antigens and antisera that may be needed in certain localities. For dependability and economy these reagents, which are difficult to prepare, should be provided from one laboratory under expert technical direction, a type of professional competence which the Communicable Disease Center laboratory has to a high degree.

The State and Territorial Health Officers recommend that when dependable products are unavailable commercially the Communicable Disease Center laboratories prepare viral antigens and antisera and make these available under the following conditions:

A. Provide to state public health laboratories which are adequately equipped and staffed for virus diagnostic services.*

B. Make available when an expansion of virus diagnostic services is indicated by epidemiological need.*

3. Vaccination Assistance

The State and Territorial Health Officers recommend that the Public Health Service take the necessary steps to encourage Congress to extend the Vaccination Assistance Act for two years and to expand the same to include measles vaccine for those individuals now eligible for immunizing materials under the Act.*

4. Salmonellosis

Salmonella infection is a major health problem in the United States today. One of the important vehicles of infection for humans is contaminated food from animal or poultry sources. Studies reveal that liquid, frozen, and dried egg products have been involved frequently and that a valuable and practical means of prevention is to pasteurize these products. Such pasteurization is already required in one state and is being done by certain segments of the egg industry.

Other studies have disclosed that animal and poultry feeds often may be contaminated with salmonella. It appears that such pollution can be avoided.

The State and Territorial Health Officers recommend:

A. That the Public Health Service work with the Food and Drug Administration, Department of Agriculture, and other appropriate federal agencies in order to implement pasteurization of all liquid, frozen, and dried egg products, as the only known scientific method of assuring a pathogen free egg product for human consumption.*

B. That the Public Health Service continue its salmonellosis surveillance to identify and study comprehensively salmonellosis outbreaks.*

C. That the Public Health Service explore means by which manufacturers of animal

* Conference recommendation.

and poultry feeds may be required to produce a salmonella free product thus controlling this significant route of infection.*

The Association strongly endorses pasteurization of all liquid, frozen, and dried egg products as the only known scientific method of assuring a pathogen free egg product for human consumption.

The Association recommends that each state health department take such steps as are necessary to implement such pasteurization of egg products in its state.

5. Chronic Renal Disease

The State and Territorial Health Officers recognize that knowledge of diseases of the kidney are assuming a more and more important role in the total chronic disease picture. These conditions, often insidious in onset and attacking young people, may lead to serious disability and death. Recent technical advances now offer great potential for application of public health principles and preventive measures to these diseases. Likewise, research in this field holds promise for even more effective treatments. Therefore, the opportunity to prevent premature death and disability from these diseases must be exploited to the fullest possible extent.

The State and Territorial Health Officers recommend that the Division of Chronic Diseases of the Public Health Service intensify its efforts more adequately to define the scope and magnitude of this problem in the nation and that they take steps to keep this organization informed of developments in the chronic renal disease area on a periodic basis.*

6. Nonmalignant Chronic Respiratory Disease

Chest diseases such as chronic bronchitis and emphysema are increasingly being recognized as important causes of disability during the most productive years of adult men and women. It is being demonstrated in several areas that early case finding, provision of diagnostic aids in assessing pulmonary function and vital capacity, and of community treatment and medical rehabilitation services will aid in reducing extent of disability, permitting the individual to function as a productive member of society. A major professional resource for attacking this problem is represented by several organizations of physicians specializing in chest diseases. Related programs now active in the Public Health Service are found among various agencies including the Heart Disease Control Program, Tuberculosis Control Program, Air Pollution and Occupational Health Programs, Chronic Disease Control Program and in several of the National Institutes of Health.

The State and Territorial Health Officers recommend that the Surgeon General, Public Health Service, appoint an Ad Hoc Committee to study the existing programs of federal and state governments and of voluntary and professional associations in nonmalignant chronic respiratory diseases such as chronic emphysema and bronchitis, exclusive of cancer and tuberculosis, and the needs for such programs with the specific assignment of determining the possible need for and recommended activities to be included in an appropriate disease program of the Public Health Service to deal with nonmalignant chronic respiratory conditions. Such a program might include epidemiologic studies, medical and basic research, training of investigators, practicing physicians, and other personnel, respiratory disease rehabilitation programs, and respiratory disease casefinding and control activities.*

7. Cigarette Smoking

Scientific evidence summarized in the Surgeon General's report makes it imperative that public health departments take action to discourage cigarette smoking. Initial efforts are being directed at the education of youth about dangers, and some city and state health departments, in cooperation with voluntary health agencies, have started programs to assist smokers who wish to abandon the habit.

The Association recommends:

A. That its members establish and carry out an effective program aimed at bringing under control the habit of cigarette smoking, thereby improving the health and well-being of the people of their states by reducing sickness, suffering, loss of earning power and premature death.

B. That the State and Territorial Health Officers give full support to the Surgeon General in his efforts to develop a sound and comprehensive program of research, demonstration and pilot projects aimed at bringing under control the habit of cigarette smoking and thereby improving the health and economy of the nation by reducing sickness, suffering, loss of earning power and premature death.

C. That sufficient funds be provided to the Public Health Service to develop a program in the area of smoking and health and to provide the leadership necessary to insure that state and local programs may be carried out effectively.

8. Education about Venereal Diseases

Although the incidence of both gonorrhea and syphilis have risen in recent years among the 15 to 19 year group, education about these prob-

* Conference recommendation.

lems should not be a separate subject but should be incorporated in the over-all school education program. This aspect of health should be included in school curricula not later than the seventh grade. Teachers, counselors, and other educators need to be well trained to handle the instruction and guidance required and be aware of services available from state and local health agencies.

The Association recommends that state health departments review the total venereal disease educational programs in their respective states; and where necessary increase their efforts, possibly through such means as:

A. Cooperating with school officials in improving venereal disease instructional programs.

B. Assisting in the pre-service and inservice training of teachers and other educators.

C. Making venereal disease specialists and educational materials available for workshops, seminars, and teacher training programs.

D. Planning appropriate educational programs for parents.

E. Recommending to school officials that the health department be called in for epidemiological services when there are suspected cases.

F. Planning programs for such groups as clergymen, recreational leaders, and others who work with youth groups to provide them with adequate information and suggestions for counseling youth.

G. Stimulating physician education programs to encourage prompt reporting of cases and to encourage physicians to give personal and group counseling to youth, where indicated.

H. Initiating community support for encouraging the presentation of accurate information about venereal disease through the mass media.

It is recommended that the Association communicate with the Council of Chief State School Officers requesting the assistance of that organization in stressing the importance of the venereal disease problem and need for effective instruction in junior and senior high schools and also offering the support of the Association in efforts to improving educational endeavors.

Environmental Health

1. Water Pollution

In recent years some groups have supported legislation which would remove water pollution control activities from a close relationship with other environmental activities in the Public Health Service, setting up a separate water pollution control agency. Reasons for this apparently are related to trying to gain additional prestige, visibility, and status for this program. In its 1963 conference, the Association voiced opposition to such costly fragmentation, pointing out that the Public Health Service has done an excellent job in this area. The proposed legislation failed passage last year, but is expected to be introduced in some form again this year.

The Association reiterates its stand that the national water pollution control program should be in the Public Health Service.

2. Public Drinking Water Supplies

The Association recommends that the following statement on public drinking water supplies be transmitted to members of Congress by individual state health officers along with other pertinent reports and their own comments concerning the importance of the health protection factor in water pollution control.

The Development, Improvement and Acceleration of Programs for Public Drinking Water Supplies

Water has become the nation's number one natural resources problem—a direct result of rapid population and industrial growth and changing technologies. In the past, pollution control authorities dealt largely with problems caused by sewage, industrial wastes of known toxicity and behavior and natural organics. This is no longer true. Population and industrial growth have literally moved waste outfalls closer together and increased their number. Volumes and complexity of municipal wastes continue to increase. In some instances treated effluents today have polluting effects approaching and sometimes greater than the raw sewage discharges of thirty years ago. New technologies are producing complex and new wastes and products that defy our current ability to treat or control them or even detect their presence in the water. The increased application of commercial fertilizers and the developing and widespread use of a vast array of new pesticides result in a host of new problems from land drainage. Sewerage construction has not matched either population growth or movement. In an increasing number of places, this results in serious pollution of ground and surface waters which usually serve the same population with public drinking water supply. Sea water intrusion is a growing ground water pollution problem in coastal areas.

Even with major attempts at controlling and abating pollution, the problem of clean public drinking water supplies is not expected to subside. There is growing concern over the ability of

our water purification plants to adequately protect the public against the sheer mass of biological and chemical pollutants entering plant intakes. A national effort to improve and protect public drinking water supplies is a logical and necessary step.

Laboratory tests used in water purification plants and treatment processes have not materially changed over the past 45 years. In probably 98% of our public drinking water supplies, we have no, or incomplete, records of the exotic chemical wastes that may be present in the water source of supply. Neither are techniques available for the determination of viruses, i.e., as infectious hepatitis, poliomyelitis, and others found in polluted water and sewage. Laboratory facilities and tests need to be expanded and new tests developed to identify these new contaminants. Implementation of the Drinking Water Standards should be a program applicable to every water plant by the states. There is no scientific reason why the standards should be applied only to interstate carrier supplies, or that our concern should be only with major cities. Few state laboratories are equipped to perform the complex and large number of analyses required; few mobile laboratories exist. There is a continuing deficiency in trained water works operators with a need for training and eventually mandatory certification.

Increased attention needs to be given to comprehensive public drinking water supply and system planning.

There is a great need to develop specific knowledge as to the nature of this problem, its scope, and its significance in terms of health and well-being. It is only from broad involvement of this nature that a bold, long-range attack will be made in solving problems of clean water supply.

In view of the foregoing findings, the Association of State and Territorial Health Officers recommends that the Public Health Service be provided the necessary legislative authority and adequate funds to establish a national research and development program for improvement in public drinking water supplies, and as a part of such program should:

Conduct, promote, coordinate, and accelerate research, investigations, experiments, training, demonstrations, and studies concerning the mechanisms for improvement in public drinking water supplies; and

Cooperate with, render technical services, and provide financial assistance to appropriate public and private agencies, institutions, and organizations in the conduct of such activities.

In effecting the program the Public Health Service should have authority to:

Collect and make available, through publications and other appropriate means, information and results of such activities including recommendations in connection therewith;

Cooperate with other federal departments and agencies, with the state public drinking water supply agency, and with other public and private agencies, institutions, and organizations involved in the preparation of and conduct of research and other activities.

Make grants to the state agency responsibie for the control of public drinking water supplies for program improvement and extension purposes;

Make project grants to the state agency responsible for the control of public drinking water supplies and through this agency to public and non-profit agencies, institutions and organizations for demonstrations, surveys and special studies;

Provide training for, and make training grants to personnel of the state agency responsible for the control of public drinking water supplies and, with the approval of this state agency, to other personnel with suitable qualifications; and

Establish and maintain research fellowships at public or non-profit private educational institutions or research organizations.

The Association of State and Territorial Health Officers further recommends that the Public Health Service be given legislative authority to make grants to the state agency responsible for the control of public drinking water supplies for the purpose of developing, establishing and improving such water supply programs.

Such programs would take into consideration the need for periodic surveys of all public drinking water supplies and systems, technical consultation to operators of local water works; development of adequate laboratory facilities and services, the employment of additional technical staff for specialized problems such as physical and chemical bacterial differentiation. Consideration further would be given to the necessity for coordinated and cooperative efforts with other agencies.

To be eligible for such grants, states would be required to submit a plan:

Designating the state agency responsible for the control of public drinking water supplies as the sole agency for carrying out the purposes of the water supply program; and

Prescribing the manner in which the program will be extended or improved.

Funds to be made available to states would be on a formula basis with the grant not to exceed two-thirds of the cost of developing, establishing, and improving public drinking water supply programs.

Terms and conditions would be established as necessary for implementation of the program. In establishing regulations for the granting of funds the Public Health Service should, insofar as practicable, give due consideration to: the population, the extent of the actual or potential public drinking water supply problem, and the financial need of the respective agencies.

3. Recreation

The State and Territorial Health Officers recommend that the Public Health service give appropriate support to programs directed to the growing problems in recreation planning, development, construction, operation, and maintenance that relate to environmental health.*

The Association recommends that state health departments review existing programs relating to recreation sanitation problems and their relationships with state recreational agencies (and planning agencies as well as other public and voluntary agencies having recreational responsibilities); and take leadership to strengthen the environmental health aspects of recreational area programs.

The State and Territorial Health Officers recommend that the Public Health Service join with the Conference of State Sanitary Engineers in preparing criteria under which an organization evaluating recreational water craft pollution control devices would be endorsed; to assure such an organization's capability to conduct the necessary engineering, public health, and related studies.*

The State and Territorial Health Officers recommend that the Public Health Service develop a full-scale program of technical assistance to be carried out in cooperation with state agencies involved in the control of pollution from pleasure craft and marinas; and take steps to develop a model uniform state law relating to the control of such pollution.*

The Association recommends:

A. That each state and territorial health officer encourage the adoption of uniform state laws relating to the control of pollution from pleasure craft and marinas.

B. That each state develop or strengthen educational programs to acquaint the boating public with the problem and need for methods of pollution control.

C. That the State and Territorial Health Officers support the establishment of a mechanism whereby pollution control devices for recreational water craft can be evaluated in accordance with recognized public health principles.

4. Food Protection

The State and Territorial Health Officers recommend:

A. That the Public Health Service sponsor a meeting to develop plans for a National Conference on Food Protection. Such a conference should include representatives from health agencies, food industry (producers, processors, distributors), and consumers; should study and identify current food protection problems, and develop recommendations for undertaking a systematic approach to their early resolution.*

B. That the Public Health Service establish a grant-in-aid program to fortify state health department food protection programs, including the area of epidemiological study of foodborne diseases.*

C. That a national "monitoring" network be established in coordination with the Food and Drug Administration, Department of Agriculture, and Department of Interior to maintain surveillance to protect food against bacterial, chemical, and physical contaminants potentially harmful.*

D. That the Public Health Service conduct necessary research and develop program guides which can be uniformly applied by state and local health agencies and by industry to assure the sanitary control of commercially processed fish.*

The Association recommends:

A. That the "*Food Service Manual* – 1962 Recommendations of the Public Health Service" be adopted as a uniform "code" by all state and territorial health departments.

B. That state and local agencies be encouraged to place increased emphasis in these food protection programs on the sanitary control of commercially processed fish.

C. That the Association cooperate with the National Restaurant Association in a joint industry-health agency effort to develop

* Conference recommendation.

mutual goals and solve problems of mutual concern.

D. That state and local health departments use *The Sanitary Standard Relating to the Manufacture, Processing, Storage and Transportation of Ice, 1964 Public Health Service Recommendations.*

E. That state and local health departments increase surveillance of food service establishments on interstate highways.

F. That State and Territorial Health Officers exercise leadership to assure that the public schools within their states and territories purchase fluid milk and fluid milk products for consumption by children only from suppliers who have been awarded a "pasteurized milk rating" of 90 percent or higher by a certified milk sanitation rating officer on the basis of the Public Health Service rating method or an equivalent procedure.

5. Pesticides

The State and Territorial Health Officers recommend:

A. That agencies within the Department of Health, Education and Welfare provide the necessary funding, personnel, training, and facilities to assist in the support of comprehensive state pesticide control programs.*

B. That agencies within the Department of Health, Education and Welfare and the pesticide producers substantially intensify pesticides research efforts in the area of human health. Among the objectives should be defining the significance to health of pesticidal residues found in man and his environment, singly, in combination with each other, and with other environmental contaminants and stresses.*

The Association recommends:

A. That each state or territorial health officer take the leadership in establishing a state committee composed of representatives of appropriate state agencies (agriculture, fish and game, food and drug, forestry, health, water supply, pollution control, and proper aeronautical authority, etc.) to provide interagency review and coordination of state activities related to pesticides use.

B. That the Association and each state health officer encourage (1) the enactment of uniform state laws governing the registration of pesticides and the establishment of tolerances for pesticidal residues in foods; (2) the enactment of laws for the licensing of commercial operators using pesticides and regulations governing commercial pest control practices; and (3) the establishment of a mandatory reporting system for cases of pesticide poisoning.

C. That each state conduct a pesticide monitoring program to determine the extent and nature of environmental contamination of pesticides within its borders. It is desirable for the states to employ the same collections and analytical procedures adopted for interagency use in the federal monitoring program.

D. That state agencies develop educational and informational programs among physicians, public health personnel, pesticide users, and general public to enhance their awareness of the benefits and hazards of pesticides.

6. Air Pollution

The State and Territorial Health Officers recommend:

A. That the Public Health Service be urged to continue close relationships with state air pollution control agencies in the establishment of policies, procedures, and regulations for implementing the Federal Clean Air Act.*

B. That the Public Health Service be urged to administer pertinent parts of Section 4 of the Clean Air Act (PL 88-206) or recommend necessary amendments to the Congress in order:

1) That formula program grants be provided for air pollution control activities of appropriate state and local agencies in addition to or in lieu of project grants.*

2) That a state or local air pollution control agency be permitted to be eligible to receive grants-in-aid for improving its air pollution control program, provided that the agency expends non-federal

* Conference recommendation.

funds at least equal to its expenditure of such funds during the preceding fiscal year.*

3) That a procedure be established by which grant applications from local air pollution control agencies are reviewed by the designated state agency prior to submission to the Public Health Service.*

4) That a top priority be assured for state air pollution control agencies in the distribution by the Public Health Service of grant funds.*

The Association recommends:

A. That states and territories without air pollution legislation and those with minimal legislation seek to obtain stronger legislative authority for the control of air pollution.

B. That the Association of State and Territorial Health Officers adopt the following statement on "The Role of the State in Air Pollution Control" and that Association members be encouraged to implement the ten duties and responsibilities set forth as rapidly as possible.

The Role of the State in Air Pollution Control

Broad Powers

The state is responsible for exercising its broad police powers to promote and maintain the health, safety, and general welfare of the public. Air is a natural resource, the purity of which is vital to the public's health, safety, and welfare. Thus, the state has the duty and responsibility to protect its air resources by establishing a program to prevent and control air pollution. The nature of the air pollution control program established by the state should be based upon:

A study of the state's air quality and potential air pollution problems (giving consideration to area geographic characteristics, urban distributions, and the location of sources of pollution).

The historical and legislatively created relationship between state and local government. The development of adequate resources between the state and local government to effectively deal with air pollution occurring in the state.

The existence of "going" governmental (local or state) air pollution control activities.

The foregoing factors vary greatly from state to state. Thus, it is obvious that the role of the state agency, charged with the responsibility for administering the state's air pollution control program, must vary.

Health Focus

Air purity is an important environmental factor, and since health departments are traditionally concerned with environmental health, the program should be, and most often is, established in the state health department. Further, state health departments in most cases are already active in the field of air pollution control and have trained technical staff working on pollution control problems and the necessary supporting facilities.

The state agency should provide leadership, research, and financial and technical assistance for the control of air pollution. In certain instances, it may be necessary for the state to exercise responsibility for the partial or complete control of air pollution.

Ten-Point Program

The following is a list of the duties and responsibilities which can be assigned to the state air pollution control agency. The exact role of the agency is defined by assigning those duties and responsibilities which will be consistent with the type of program desired by the state, based upon the foregoing four factors.

1) Conduct, support, or cause to be conducted academic programs, studies, and research with respect to air contaminants, their nature, causes, and biological and other effects, and with respect to the control, prevention, abatement, and reduction of air pollution and air contamination.

2) Determine, by means of studies and samples, the degree of air pollution existing in any part of the state.

3) Prepare and develop a general comprehensive plan for the control and abatement of existing air pollution and for the prevention of any new air pollution.

4) Conduct and supervise educational programs with respect to the control, prevention, abate-

* Conference recommendation.

ment, and reduction of air pollution, including the preparation and distribution of information relating to the means of prevention and abatement of such air pollution. Encourage cooperate efforts by individuals and groups of individuals to control and prevent air pollution.

5) Provide advisory technical consultative services to local communities for the control, prevention, abatement, and reduction of air pollution. Encourage cooperative efforts by municipalities in the control of inter-municipal air pollution problems.

6) Work with local government in developing adequate resources to effectively deal with air pollution problems and provide review and evaluation of municipal air pollution control programs.

7) Cooperate with the appropriate agency of the United States or of other states or any interstate agency with respect to the control, prevention, abatement, and reduction of air pollution, and where appropriate, formulate interstate air pollution control compacts or agreements for the submission thereof to the state legislature.

8) Serve as the agency of the state for the receipt of any moneys from the federal government or other public or private agencies, and expend such moneys for studies and research with respect to the control, prevention, abatement, and reduction of air pollution.

9) Establish and prepare objectives for ambient air quality and criteria for the control of emissions of contaminant and for sources of air pollution.

10) Develop, adopt, and enforce rules and regulations for the control and prevention of air pollution in accordance with enabling legislation.

7. Radiological Health

The Association recommends:

A. That state health departments consider entering into an agreement with the Atomic Energy Commission to assume regulatory responsibility for certain radioactive materials.

B. That state health departments be encouraged to register or license radium sources, provide inspection services, and facilitate terminal disposal of sources which can be replaced by other radionuclides, or discontinued from use.

C. State health departments should emphasize X-ray protection in their over-all radiological health program and if necessary, current resources should be distributed to give greater support to X-ray protection and control.

D. State health departments should establish an accident response capability and document their responsibilities and any emergency plans to permit proper augmentation, if needed, by federal agencies and/or integration of efforts, if needed, on a regional basis.

8. Occupational Health

The Association recommends:

A. That the Association of State and Territorial Health Officers offer its assistance to the Occupational Health Advisory Committee to the Surgeon General, Public Health Service, with a view to early attaining of the following objectives:

Legislation to permit federal financial support in occupational health to meet the qualitative and quantitative needs of state and local agencies to permit improvement and expansion of their occupational health programs; and permit the establishment of occupational health programs in state and local agencies without such services.

Intensification of individual state efforts to assure adequate budget, staff, and other resources in support of their occupational health programs to meet the needs of working people in relation to their employment.

Maintenance of continuity of direction and implementation of the Public Health Service Occupational Health Program.

B. That the Association of State and Territorial Health Officers develop, or authorize the Occupational Health Subcommittee or other specific group to develop minimal uniform standards for state occupational health programs to include at least:

Enabling legislation where necessary.

Basic program planning and administration.

Environmental (work) surveillance.
Employees' health surveillance in relation to their employment.
Laboratory support to the foregoing.

C. That the Association of State and Territorial Health Officers actively assist efforts to provide adequate resources and support to the Occupational Health Program in the Public Health Service so it can perform its functions on a level commensurate with national needs.

Health Services Administration

1. Health Services for the Aged

The Association recommends that any federal program of health services for the aged should be based on a relationship with the states that will make it possible for each state to fully utilize its legislative authority and its skill and experience to strengthen the implementation of the program. State health departments utilizing their experience in administering crippled children's services and other medical care and health service programs can benefit providers and receivers of health services. State health departments have additional responsibility in standard setting for hospitals, nursing homes, and other medically related institutions. The Association offers its experience and skills in the event legislation is enacted providing a federal program of health services for the aged.

2. Medical Care Administration Activity Questionnaire

The State and Territorial Health Officers endorse the distribution of the Public Health Service questionnaire on the reporting of Local Health Department Activities in Medical Care Administration and urges all state and local health officers to cooperate fully.

3. Manpower Development and Use

This legislation presents the opportunity to increase health career recruitment and simultaneously reduces unemployment.

The Association recommends that its members take full advantage of recently enacted vocational educational legislation which offers new opportunities for state health departments to help each state meet its pressing health manpower needs. Particular attention in this connection is called to the Economic Opportunity Act of 1964 whose provisions for work-training, work study, and work experience offer exceptional opportunities for the training of sub-professional workers in the health field (See report on anti-poverty program for further detail.)

4. Joint Action with State Vocational Rehabilitation Directors

The Association recommends that the Association of State and Territorial Health Officers confer with the Council of State Directors of Vocational Rehabilitation for the purpose of:

A. Defining the respective roles of public health and vocational rehabilitation agencies in provision of rehabilitative services and the prevention of disability.

B. Establishing common goals for state and local public health and vocational rehabilitation agencies.

C. Reviewing the proceedings of the National Institute on Public Health and Rehabilitation and making specific recommendations to the Association and to the Council.

It is suggested that consideration be given to including representation from the American Public Welfare Association.

5. Five Year 1966 Census

Efficient planning of health programs requires more exact data on population and demography.

The Association recommends that the State and Territorial Health Officers urge Congressional reconsideration of the necessity for a five year census of the United States in 1966 in accordance with the recommendations of the Association adopted in 1961; and furthermore commends the Subcommittee on Census and Government Statistics of the House Committee on Post Office and Civil Service for the excellence of the public hearings held in 1961 and 1962 on H.R. 1100 (Mid Decade Census) of the 87th Congress.

6. Recommendations of the Surgeon General's Advisory Committee on Indian Health

The State and Territorial Health Officers endorse the recommendations passed by the Surgeon General's Advisory Committee on Indian Health as of November 6, 1964.*

* Conference recommendation.

7. Health Regulation on Indian Reservations

The State and Territorial Health Officers recommend that the Surgeon General review legal relationships between state health departments the Division of Indian Health, and Indian groups and on this basis initiate studies and actions under 25 United States Code 231 to consider promulgation of regulations related to application of state public health and environmental health codes on federal Indian reservations.*

8. Federal Grant Administration

The State and Territorial Health Officers recommend to the Surgeon General that we concur with the changes in Public Health Service regulations to:

A. Provide for administration of the Dental Health formula grant for which funds have been appropriated by the Congress.*

B. Delete the provision for quarterly payment of grant funds and permit such payments to be made on a more frequent basis.*

Maternal and Child Health

1. American Association for Maternal and Child Health

The American Association for Maternal and Child Health has been valuable in promoting maternal and child health in some areas. The association can be advantageous and should be encouraged by other states.

The Association recommends that members of the Association cooperate with the American Association for Maternal and Child Health; that they support the formation of state committees of maternal and child health and facilitate their functioning.

2. School Health Publications

Physical and mental health should not be separated but rather should be unified into a total school health program.

The Association recommends that the draft publication, *Mental Health in Schools,* be incorporated into any re-publication of *School Health Services* as a joint publication of the Association of State and Territorial Health Officers and the Chief State School Officers.

* Conference recommendation.

3. Newborn Screening for Metabolic Disorders

New and improved methods of screening for phenylketonuria (PKU) and other metabolic disorders are being developed, and programs should be flexible enough to be adjusted accordingly. Testing a newborn that only remains in the hospital less than three days may result in a false negative test. Compulsory laws can therefore be a disadvantage. Emphasis should be placed on health education with the voluntary PKU and metabolic disorder testing program as one of the methods of prevention of mental retardation.

The Association recognizes the importance of and encourages the screening of newborns for PKU and other metabolic disorders, and urges the development of an appropriate voluntary program to this end.

4. Statistical Reporting

The State and Territorial Health Officers recommend to the Children's Bureau that statistical reporting of the Maternal and Child Health and Crippled Children's Programs (Children's Bureau 253 P and Children's Bureau 250 H) be submitted on a fiscal year basis July 1 through June 30.* (At least 45 states operate on this fiscal year. This would provide comparable information and furnish statistics that could be more closely tied to fiscal expenditures.)

Research and Planning

1. Research Support

The State and Territorial Health Officers recommend:

A. That the Surgeon General examine the policies and procedures of the Public Health Service with reference to stimulating research in health departments with a particular view to making available increased funds to develop and strengthen the research potential of health departments.*

B. That the Surgeon General, through the regional health directors, work with the several state health departments to encourage them to make use of the exploratory research grants now available in several divisions of the Bureau of State Services (Community Health).*

C. That the Surgeon General take action through the federal grant-in-aid program to recognize the importance of research in health departments by developing methods of financing it on a non-categorical basis.*

The Association recommends that each state health officer recognize the importance of initiating research as a continuing program of a state health department. The availability of exploratory research grants in several divisions of the Bureau of State Services (Community Health) now makes possible the initiation of research programs in many health departments where they do not now exist.

2. Planning as a State Health Department Activity

The State and Territorial Health Officers recommend that the Surgeon General, in the support of training programs, recognize the need for personnel trained in both public health and community planning and that funds be made available for development of curricula to meet this need and for the support of trainees.*

The Association recommends that state health officers recognize their responsibilities to work with other agencies in developing sound projections for the development of communities and regions. One of the primary requisites is the establishment of criteria and objectives in the health fields which can be used by planners working in other departments or agencies.

The Association recommends that state health officers consider the advisability of establishing a State Advisory Health Planning Group with local community planning agency representatives to develop objectives, goals, and needs for health services as the basis for the location of health facilities.

3. Health Data Management

The State and Territorial Health Officers recommend:

A. That the Public Health Service develop a program to promote the appropriate utilization of modern data processing methodologies in health sciences. This program should include appropriate consultation services, a comprehensive training plan, substantial funds for appropriate grant requests for demonstration projects in data processing methodologies, including teleprocessing and unified information centers, and vigorous action in implementing the integration of national data systems.*

B. That the Surgeon General request the National Center for Health Statistics to initiate a study of linked vital statistical data.*

C. That the Surgeon General establish a joint working committee with representatives from the National Center for Health Statistics, State Registrars, the Association of State and Territorial Directors and Coordinators of Research, the Research and Planning Committee of the Association of State and Territorial Health Officers, and the Committee on Research Policy of the American Public Health Association to discuss methods of safeguarding the confidentiality of vital records while at the same time allowing qualified workers to do needed research.*

The Association recommends:

A. That each state health department examine the sources, validity, and purposes in collection of existing data.

B. That each state health department examine all systems of data management and consider the possible utilization of new methods, techniques, and procedures.

C. That each state health department support training of appropriate staff to manage data gathering using the new techniques available.

4. Nonprofit Public Health Research Corporations or Foundations

The State and Territorial Health Officers recommend that the Surgeon General make available to the state health officers information about the organization and method of operation of the nonprofit research corporations affiliated with official health departments. This study should be accompanied by an evaluation of the advantages and disadvantages of such corporations.*

The Association recommends that health departments with sizable research programs study the feasibility of establishing nonprofit research corporations as a means of achieving greater flexibility in carrying out their research program and being able to attract well-qualified scientists. Several federal agencies initially developed this concept in the establishment of organizations such as the Rand Corporation, the Mitre Corporation, and Lincoln Laboratories. More recently, state health departments have also established nonprofit corporations to work as affiliated agencies in carrying out research programs. There are several such agencies working with both state and local health departments.

* Conference recommendation.

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The McCormack Award

At the Annual Banquet of the Association of State and Territorial Health Officers on November 12, 1964, the McCormack Award was presented to:

G. S. T. Peeples, M.D.
South Carolina

Carl N. Neupert, M.D.
Wisconsin

This award was established by the Association and conferred for the first time in 1950. It bears the name of the late Dr. Arthur T. McCormack, who served Kentucky as state health officer from 1912 to 1943. The criteria for receiving the award are that the recipient (1) must have been in public health for 25 or more years, at least 10 of which shall have been as a state health officer; and (2) must have one or more major accomplishments to his credit in administration or research related to public health.

From 1950 through 1963, recipients of the McCormack Award were:

1950
Walter L. Bierring, M.D.
Iowa
Albert J. Chesley, M.D.
Minnesota
Stanley H. Osborn, M.D.
Connecticut
Felix J. Underwood, M.D.
Mississippi

1951
Thomas F. Abercrombie, M.D.
Georgia
Edward S. Godfrey, Jr., M.D.
New York
Cornelius A. Harper, M.D.
Wisconsin

1952
Earle G. Brown, M.D.
Nassau County, New York

1953
Robert H. Riley, M.D.
Maryland

1954
Grady F. Mathews, M.D.
Oklahoma

A. C. Offutt, M.D., Indiana, President of the Association of State and Territorial Health Officers presents certificates to 1964 McCormack Award winners, Carl N. Neupert, M.D. Wisconsin (left) and G. S. T. Peeples, M.D., South Carolina (right).

1956
Wilton L. Halverson, M.D.
California
Robert H. Hutcheson, M.D.
Tennessee

1959
Herman E. Hilleboe, M.D.
New York

1960
R. L. Cleere, M.D.
Colorado
J. W. R. Norton, M.D.
North Carolina

1962
Daniel Gordon Gill, M.D.
Alabama
Russell E. Teague, M.D.
Kentucky
Charles L. Wilbar, Jr., M.D.
Pennsylvania

1963
Floyd I. Hudson, M.D.
Delaware
Mack I. Shanholtz, M.D.
Virginia
Wilson T. Sowder, M.D.
Florida
Albert E. Heustis, M.D.
Michigan

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